

9497

MARGIN RESERVED FOR BINDING  
 N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STANDARD CERTIFICATE OF DEATH

 Arizona State Board of Health  
 BUREAU OF VITAL STATISTICS

State File No. 411

## 1. PLACE OF DEATH

County Yuma

State

ARIZONA

Registered No. 180

Township

Yuma

or Village

City

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U.S. if born foreign? yrs. mos. ds.

## 2. FULL NAME Clarence Franklin McIntire

How long in State where death occurred? 14 yrs. mos. ds.

(a) Residence: No. 3rd St &amp; 17th Ave Yuma St.

Ward (If non-resident give city or town and state)

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

5. SINGLE, MARRIED, WID-  
OWED, or DIVORCED (Write  
the word) Married5a. If married, widowed, or divorced  
HUSBAND of Margaret McIntire  
(Date of death) October 21st 1890

## 6. DATE OF BIRTH (month, day, and year)

## 7. AGE

Years 46

Months 10

Days 23

If LESS than  
1 day.....hrs.  
or.....min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Mail Carrier9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc. U.S. Post Office10. Date deceased last worked at  
this occupation (month and  
year) 7/24/3711. Total time (years)  
spent in this occupation 14 yrs12. BIRTHPLACE (city or town)  
(State or Country)Terra Haute  
Indiana.

## FATHER

## 13. NAME

unknown

## MOTHER

14. BIRTHPLACE (city or town)  
(State or Country)

unknown

## 15. MAIDEN NAME

unknown

16. BIRTHPLACE (city or town)  
(State or Country)

unknown

17. INFORMANT  
(Address)Margaret McIntire  
3rd St & 17th Ave Yuma

## 18. BURIAL

CREMATION FOR REMOVAL  
Desert Lawn Memorial Park  
Place Date 9/18/37

## 19. EMBALMER

License No. 194

Signature

The Johnson Mortuary

## FUNERAL DIRECTOR

Yuma Arizona

## 20. Filed

Sept. 21, 1937

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 14 1937

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 14 1937 to Sept. 14 1937

I last saw him alive on Sept. 14 1937 death is said

to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of  
importance were as follows:

Heat stroke Date of Onset 9-14-37

Other contributory causes of importance: Chronic myocarditis ?

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

Yes

If so, specify

(Signed) Chester R. Wilson M.D.

(Address) Yuma, Arizona